

## NOTICE OF INDEPENDENT REVIEW DECISION

February 5, 2003

RE: MDR Tracking #: M2-03-0502-01  
IRO Certificate #: IRO 4326

The \_\_\_\_ has been certified by the Texas Department of Insurance (TDI) as an independent review organization (IRO). The Texas Workers' Compensation Commission (TWCC) has assigned the above referenced case to \_\_\_\_ for independent review in accordance with TWCC Rule §133.308 which allows for medical dispute resolution by an IRO.

\_\_\_\_ has performed an independent review of the proposed care to determine if the adverse determination was appropriate. In performing this review, relevant medical records, any documents utilized by the parties referenced above in making the adverse determination, and any documentation and written information submitted in support of the appeal was reviewed.

The independent review was performed by a \_\_\_\_ physician reviewer who is board certified in neurosurgery which is the same specialty as the treating physician. The \_\_\_\_ physician reviewer has signed a certification statement stating that no known conflicts of interest exist between him or her and any of the treating physicians or providers or any of the physicians or providers who reviewed the case for a determination prior to the referral to \_\_\_\_ for independent review. In addition, the reviewer has certified that the review was performed without bias for or against any party to this case.

### Clinical History

This 43 year old female sustained a work-related injury on \_\_\_\_ when she was boxing up a swimming pool and she tried to catch it to keep it from falling. The patient experienced pain in the low back and down her left leg. A lumbar discogram dated 06/20/01 revealed a degenerated L1-2 with a probable protrusion and a degenerated L4-5 disc with possible protrusion. A lumbar myelogram and post myelogram CT was performed on 12/03/02. The patient has been diagnosed with facet disease at L3-4, L4-5 and L5-S1 with markedly positive signs on physical examination. The treating physician has recommended that the patient undergo bilateral facet joint injections.

### Requested Service(s)

Bilateral facet joint injections.

### Decision

It is determined that the bilateral facet joint injections are medically necessary to treat this patient's condition.

### Rationale/Basis for Decision

With a clinical history of mechanical lumbar pain and radiculopathy and documentation of facet arthropathy on post myelogram CT scan, facet injections are a necessary treatment modality. Therefore, the bilateral facet joint injections are medically necessary.

This decision by the IRO is deemed to be a TWCC decision and order.

### YOUR RIGHT TO REQUEST A HEARING

Either party to this medical dispute may disagree with all or part of the decision and has a right to request a hearing.

**If disputing a spinal surgery prospective decision** a request for a hearing must be in writing and it must be received by the TWCC Chief Clerk of Proceedings within **10** (10) days of your receipt of this decision (20 Tex. Admin. Code 142.5 (c)).

**If disputing other prospective medical necessity (preauthorization) decisions** a request for a hearing must be in writing and it must be received by the TWCC Chief Clerk of Proceedings within **20** (twenty) days of your receipt of this decision (28 Tex. Admin Code 148.3).

This Decision is deemed received by you 5 (five) days after it was mailed (28 Tex. Admin Code 102.4(h) or 102.5(d)). A request for hearing should be sent to: Chief Clerk of Proceedings, Texas Workers' Compensation Commission, P.O. Box 40669, Austin, Texas, 78704-0012. **A copy of this decision should be attached to the request.**

The party appealing the decision shall deliver a copy of its written request for a hearing to all other parties involved in the dispute (Commission Rule 133.308 (t)(2)).

Sincerely,

cc: Rosalinda Lopez, Program Administrator, Medical Review Division, TWCC

In accordance with Commission Rule 102.4 (h), I hereby verify that a copy of this Independent Review Organization (IRO) Decision was sent to the carrier, the requestor and claimant via facsimile or U.S. Postal Service from the office of the IRO on this 5 <sup>th</sup> day of February 2003.
--